The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-FIVE NUMBER FIVE

MAY, 1939

A Royal Welcome

In the following message, Grace M. Fairley, president of the Canadian Nurses Association, extends, on our behalf, a hearty welcome to Their Majesties. As we go to press, the international situation is still tense but there is every reason to hope that the skies will clear and that the eagerly anticipated Royal visit will bring happiness to a loyal and united Canada.

No professional group in Canada will give a more cordial and loyal welcome to Their Majesties than will the members of the nursing profession, for has not our Royal Family demonstrated in so many ways their genuine interest in our professon and everything pertaining to the hospital world and the health of their people. One could have wished that their visit might have been made at a time when the situation throughout the Empire was less fraught with anxiety and the international picture less disturbed. Nevertheless Canada greets them with a high heart and with confidence in the future.

In the two short years of his reign, the King has carried a heavy load and one remembers with deep feeling and gratitude his New Year's message in 1937 — "I send to all the peoples of the Empire my warmest wishes for their welfare and happiness. I realize to the full the responsibilities of my noble heritage. Throughout my life it will be my constant endeavour to strengthen that foundation of mutual trust and affection on which the relations between the Sovereign and the Peoples of the Empire so happily rest. I ask your help towards the fulfilment of this purpose and I know I do not ask in vain."

Every member of the Canadian Nurses Association from the Atlantic to the Pacific will join most sincerely in this great national welcome and in the

demonstration of loyalty which comes from the very heart of the Canadian people. It is an historic occasion, and we hope that the majority of our members will be privileged and fortunate in seeing Their Majesties for whom we hold such personal affection. From our hearts we pray for a return of Peace and fervently trust that their visit to Canada will be an interesting and happy one.

An Inexhaustible Source of Blood and its Preservation

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From the Wards and Research Laboratory of St. Mary's Hospital, Montreal

Transfusions with placental blood have now been in operation in St. Mary's Hospital, Montreal, for the past two years, during which time over three hundred transfusions with foetal blood have been given, and blood has been shipped on several occasions to other hospitals in Montreal where facilities for this work do not as yet exist. In all this time there have been but two physical reactions, one a mild urticaria, and the other a severe accession of fever in a septic case, both of short duration with no untoward sequelae. One other case had a severe chill of a purely nervous type, without fever or physical change. Such were the sum of unexpected effects. The physiological effects are similar to those of ordinary transfusions, differing only in degree. The greatest advantage of the foetal blood bank lies in its pre-operative activation of the reticulo-cellular system of the body, and in cases of toxic haemorrhage of whatever kind. This source of blood was first discovered by the writer, who attempted to disprove the theory that a placenta that is rigid with blood will detach itself more readily than a placenta that is emptied. Accordingly the cord was allowed to fall down over the vulvar towel and the cord clamp was released. The blood often spurted three feet under its pressure and gravity, and continued to bleed for quite a while. Then suddenly the thought occurred—why not save this blood for transfusion purposes? Immediately means were secured to put the idea into operation.

Preservative

The best preservative was found to be that of the Moscow Institute of Haemotology, which consists of the following ingredients:

Sodium citrate	5.0 gm.
Sodium chloride	7.0 gm.
Potassium chloride	0.2 gm.
Magnesium sulphate	0.04 gm.
Bi-distilled water	1000.0 c. cm.

Through the kindness of Messrs. Ayerst, McKenna and Harrison, the

preservative is put up in concentrated form in ampules of 25 c.c. capacity, and of such strength that when added to 100 c.c. of distilled water the dilution corresponds to the above formula. It is known under the trade name of "Citroseroid". It would seem advisable that small institutions should use the ampules, but larger institutions may have the preparation made by any qualified chemist.

In our correspondence concerning the preservative we were advised, in one abstract, that the magnesium sulphate content was 0.004 gm. to the litre, and in another abstract it was 0.04 gm. In the meantime, while further correspondence ensued, the proprietary company, which put up our preservative for us, prepared it with 0.04 content. Later we learned by letter that 0.04 was the correct amount according to the Russian formula. Our original article was therefore published with the smaller content. But we found later, when St. Mary's Hospital began to prepare its own preservative, that, with the smaller amount of magnesium sulphate, slight coagulation took place. We immediately augmented the sulphate to 0.04 gm. and found that this coagulation defect was immediately corrected. We also learned that the company had been using the formula according to our earliest instructions, which had never been changed. Unfortunately, the formula with the lower sulphate content had gone into print. Hence the difficulty which some have encountered by this defect. We hasten to call attention to this error.

Refrigeration and Equipment

A temperature between 34 and 38 degrees Fahrenheit has been found to be the optimum. A refrigerator in size proportionate to the size of the institution must be secured. A clock thermometer, connected by a wire coil with the interior of the blood chamber, stands upon the refrigerator, so that the temperature can be ascertained at all times without opening the plant.

The St. Mary's Hospital equipment was installed at a cost of less than $250. It would be considerably less in the United States, owing to customs duties. The inner capacity of the refrigerator is approximately 3 x 2.6 x 1.8 feet for a general hospital bed-capacity of 240. A correspondingly larger unit will be required for larger hospitals. The different blood groups are kept on different shelves, so that one can see at a glance what is the stock of each. Opening the refrigerator at frequent intervals, though it changes the temperature of the chamber temporarily, does not appreciably alter the temperature of the blood. About three dozen Erlenmeyer flasks of 300 c.c. capacity are found the safest for this work, and one dozen funnels of 3 inch diameter, with a stem that reaches down one-half the depth of the flask. Plugs of gauze filled with cotton are made to stopper the flasks, and loose cellophane caps are used to cover the top and short neck of the flask. Two dozen pipettes, twelve to fifteen inches long, are also needed. One dozen small test tubes with corks are required for the collection of blood for both Wasserman and grouping.

It may facilitate matters for investigators to know that the St. Mary's Hospital refrigerator is a Frigidaire by General Motors, and the clock thermometer is known as a "Thermogauge", constructed by the United States Gauge Company, New York.

Technique

The writer fears that in the preliminary report upon this subject, sufficient detail was not given. An endeavour will be made to rectify this. The glassware

Illustrating the technique of collecting Placental Blood.

must all be boiled and thoroughly rinsed with several changes of distilled water. The preservative fluid, to the amount of 125 c.c. (or the contents of one ampoule to which 100 c.c. of distilled water is added) is decanted into the Erlenmeyer flask and the cotton stopper and cap are adjusted. The flask is now wrapped in a cotton wrapper in such a way that releasing the pin or string at the top allows the towel to fall down freely about the hand supporting the flask from below. The funnel is similarly wrapped so that when held by the top by the nurse, the stem is easily exposed. These are then sterilized in the operating room autoclave. As many as desired may be so prepared and kept. They keep indefinitely. The pipettes are wrapped or kept in a glass tubular container and similarly sterilized.

Method of Collecting

A small table is set apart in the caseroom for the collecting of blood. On it are one wrapped Erlenmeyer flask with its preservative, one funnel, a bottle of 70% alcohol, a small sterile wrapped tray containing swabs, sterile scissors, and a towel with an aperture 2 x 3 inches in the centre. On the table also are small labelled test tubes. Half the number of these are half filled with sterile normal saline for purposes of grouping. The table is wheeled near the patient when blood is to be collected. As soon as the baby is born, it is placed upon the mother's abdomen and the cord is ligated *immediately*. The cord is now held at the point of ligation by the index finger and thumb of the right hand, as the doctor stands between the patient's thighs. With the index finger and the thumb of the left hand armed with a sponge, the cord is now stripped free of blood for about four inches from the ligature. With the right hand, now free, this depleted segment of the cord is wiped clean with a sponge moistened with alcohol, and is severed with the sterile scissors. The left hand, still holding the severed cord, is now lowered between the patient's thighs so as to obtain the maximum gravity. With the right hand, the perforated towel is now placed over the left arm so that the aperture is opposite the finger and thumb of the left hand, still holding the severed end of the cord, and the towel is then held *in situ* by an Allis forceps applied to its upper margin, making it fast to the operator's sleeve. The nurse, during the foregoing steps by the accoucheur, releases the collecting flask from its covering, removes the plug with a sterile forceps, and places it upon the tray, and proceeds to disengage the stem of the funnel from its covering by holding the funnel in the left hand of the margin of the rim. She then places it in the neck of the collecting flask, she now lowers the flask held in her left hand as in the diagram, so that the end of the cord is within the upper rim of the funnel, and the doctor releases the pressure on the

cord. It takes about three minutes to collect the blood. It is not stirred or agitated any more than is absolutely necessary. The flask is now placed upon the table and the nurse collects in each of two small labelled tubes (one half-filled with saline) a few drops of blood for grouping, and a half tube full for Wasserman. The doctor replaces the plug in the flask and the main container is labelled with adhesive, on which is the patient's name and the date of her delivery, in black ink. The sample for grouping is examined as soon as convenient, and the group is indicated on the flask in large red Roman numerals. The Wasserman is indicated by a red minus sign below this. The Wasserman test is done on public cases during the last two months of their antenatal treatment, and is not repeated with the foetal blood unless so desired. In private cases the foetal blood is tested upon collection. The flask of blood is transferred within a reasonable time to the refrigerator for preservation.

Transfusion

When transfusion is required the group of the recipient is first obtained, and a flask of foetal blood of the corresponding group, or group IV, is chosen. A sterile pipette, plugged with absorbent and stoppered with the finger, is lowered into the flask to the layer of blood cells. The finger is then released and replaced and the captured cells are gently withdrawn. Matching by the major reaction, is now done by the foetal cells against the recipient's serum. As many foetal bloods are treated in this way as are required for the transfusion. When the bloods are found to be compatible, the flasks are now gently swirled to mix the component elements of the blood, and are then placed in a water bath of about 105 degrees of temperature, while the patient is being prepared. All transfusions are given by gravity, as in an ordinary intravenous saline, and the blood is always filtered through two layers of gauze. Bloods should not be pooled before or during transfusion. But one foetal blood may follow another, through the gravity chamber, without interruption. Saline solution may, or may not, be added at any time.

If the recipient is, let us say, a Group II, and there may be shortage of foetal blood of that group and one wishes to supplement by one or more of Group IV, then the blood corresponding to that of the recipient should in all cases precede the administration of the Group IV blood. Group IV blood, being usually different from that of the recipient, unless she happens to be of that group, has a tendency to cause temporary incompatibilities in the recipient. Hence the above rule. This applies not only to foetal bloods.

Quantity of Placental Blood Available

The quantity varies greatly in cases. This is predetermined by many factors. Chief among these are full term, prematurity and postmaturity weight of child and placenta, the length of time allowed to elapse after the birth of the child before the cord is tied, asphyxia livida or asphyxia pallida, and lastly, uterine contraction and retraction. The operation of some of these is evident. The influence of others is not so clear. The longer the child is allowed to be attached to its placenta, the less can one collect, owing to two factors, the contraction of the uterus and the aspiration of the child. The largest amount of blood is collectable from those cases in which, owing to unreleasable cords about the neck, the cord must be cut before the baby is born. In such cases it is common to collect 150 c.c. This will serve to emphasize the importance of early clamping in cases where it is desired to collect blood.

What is not so evident is that, in cases of asphyxia livida, there is an excess of blood in the placenta, and the larger quantity obtainable, in such cases is blue-black in colour, and retains that color throughout its preservation, becoming bright colored only when stirred and poured at transfusion. On the other hand, in cases of asphyxia pallida, there is a minimum of blood in the placenta, making it not worth while collecting. These are poorly—if at all—understood facts garnered during this work.

Sterility of Placental Blood

This is the most serious question of this new subject, and deserving our most intensive study. In St. Mary's Hospital we have cultured our preparations over and over again, with uniformly negative results. This work has been amply corroborated by many other first-class institutions. We have advised against the use of this storage in institutions which, in our estimation, did not cultivate a maternity technique sufficiently rigid to warrant the procedure. We have invariably discouraged the procedure where mid-wives are in charge of the delivery rooms. It cannot be overemphasized that the procedure for collecting blood is a surgical one, demanding a strict surgical technique. It requires close supervision, as close as in ordinary transfusions. In several institutions where contamination is consistently or frequently found in the collected blood, we have advised them not to continue, but have also suggested that a checking of their delivery room technique would not be amiss. The presence of the bacillus subtilis in cultures of placental blood bespeaks a general infection of the environment of the case room. In St. Mary's Hospital the system has now developed into a routine, like any other technical work of the hospital. Any untoward reaction has been attributable to carelessness in matching or to other avoidable errors in transmission of orders between personnel. None of these have had any serious consequences.

Characters of Foetal Blood

Foetal blood has characters quite distinctive. Its cellular content averages 7 million to the 5 million of the adult; it contains from 25 to 35% more thrombotic power; it is very rich in humoral extracts; and contains many immature nucleated red blood cells which have a high degree of fragility.

When foetal blood is collected and preserved, it sediments into three layers, the lowest composed of red blood cells. Closely applied to this is the white cell layer, differing markedly in thickness in different specimens; and upon these the supernatant fluid composed of plasma and preservative. The latter may differ markedly in appearance in different specimens. In most it is a clear amber colored fluid, which, as days or weeks elapse, or if it is disturbed, becomes pink-tinged from the deeper parts. In others, it is decidedly turbid from the beginning, due to the presence of substances of unknown composition. When the baby is pink and well oxygenated at birth, the blood is of a bright red colour. When, on the other hand, the foetus has a high degree of anoxaemia, the collected blood is very dark, at times almost black, and does not preserve as well as the red type, as it haemolyses more rapidly and never regains its normal color during preservation. This is no hindrance to its use in transfusion. It improves markedly in colour when filtered through the gauze at the time of transfusion.

There have been quite a number of cases where a small or large cushion or hump lay on the surface of the red cells after sedimentation. This is covered by

a layer of white cells and proved a problem as to its nature. Microscopically it is a tenacious homogeneous mass, sterile to culture, and was eventually found to be due to Wharton's cord jelly that had got into the blood during collection. It has no untoward effect during transfusion.

Considerable degrees of haemolysis are no barrier to the use of such blood for transfusion purposes. This breaking down has been proved to be purely mechanical in character, and chiefly due to the greater fragility of the immature nucleated cells. The test whether an haemolysed blood should be used for transfusion is found in the intactness of the red cells withdrawn for matching purposes at the time of the intended transfusion.

Advantages of Foetal and Preserved Blood

These advantages lie both in the original properties of the collected blood and in its preservative. Preserved blood has fewer allergic reactions than that of fresh blood, owing to the breaking down of the unsplit proteins. It is ready at hand at all times and much time is saved in cases of emergency. Preserved foetal blood not only has the above advantages, but it is richer in thrombin, therefore of greater advantage in haemorrhagic cases, and being young blood, is extremely active in awakening reticulo-cellular activity of the body as a preventive and as an aid to combat infection. It can, and has been, preserved for four months and has been used at the end of that period with good effect, even though considerably haemolysed.

Its greatest advantage is found in its use as a pre-operative measure. Where there is no grave anaemia, as evidenced by an haemoglobin estimate, or, better still, by a complete haemogram, the infusion of the blood collected from only one placenta is sufficient to immunize the patient preoperatively. This has been found one of its greatest advantages.

It has reduced the risks of economic hazards in the semiprivate cases where better surgical judgment realizes that a transfusion would greatly increase the chances of uninterrupted recovery, but financial hazards often compel to an opposite decision.

The Wasserman reaction upon the foetal blood of private patients, who had not been previously examined, has revealed an unexpected positive reaction in certain instances which was confirmed by the immediate examination of the parents' blood, and appropriate treatment was then possible at a much earlier date than would have been otherwise.

The Charges for Transfusion

Foetal blood costs almost nothing, it has been possible to reduce the price of a full transfusion to $10.00 for private patients; $7.50 or $5.00 for semi-private, and $2.00 or nothing for public cases. The staff of the surgical, gynecological, or pathological department takes care of the blood and of its grouping and matching, without any increase of personnel or cost, and it has been possible to defray all the expenses of the research laboratory and leave a rich surplus from the income derived from the transfusion charges.

Blood has been shipped to other hospitals with the greatest facility. If the destination happens to be in the same city, transmission by taxi without refrigeration is sufficient. If extra-urban, it should be packed in a thermos pail and carefully labelled. It has been possible to demonstrate that extra-hospital cases, or cases from a great distance, can be easily grouped and matched by the following simple method. Take a piece of white filter paper, roll it into the

form of a cigarette, and insert it into the test tube containing the recipient's blood so that it just reaches the surface of the blood. It will suck up the serum and, when a small segment is saturated, it can be withdrawn and dried on a radiator, and sent in an envelope to the blood-bank. Here, a small piece of 2 x 2 c.m. is inserted into a test tube and moistened with normal saline, so that when macerated, there is a small amount of supernatant fluid. This is withdrawn with a pipette, and, except for a slight paper flocculation, gives a perfect medium for matching and grouping. It has been used with advantage.

When to Collect Foetal Blood

There are certain conditions that become axiomatic as regards mother, child and accidents of labour. Foetal blood should be collected from only full-term or near-full-term cases. It should not be collected from cases where membranes have been ruptured for over forty-eight hours, and obviously it should not be collected from any mother suffering from a communicable disease. Pre-eclampsia or eclampsia is not a contraindication, however. In cases of prematurity and of asphyxia pallida the amount obtainable is negligible. On the other hand, where, owing to neck coils, the cord has to be severed before complete birth, the amount is inordinately large. The maternity section of a general hospital, if proportionate to the other departments, can supply a sufficiency of blood to meet all the average *present-day* requirements of that institution; but it may not meet all the requirements of the near future.

It is now the generally accepted belief of those in a position to know that in the near future, blood transfusions will be almost completely substituted for intravenous salines except in very special cases; and it is the firm belief of the authors that, for preoperative immunization and in the treatment of shock of whatever nature, there is nothing that can equal blood. It is the firm belief that the preservatives now used are inadequate, and that the next refinement will be the improvement in circumstances that will permit blood to be kept indefinitely in a condition of suspended animation. The life of working red and white blood cells is variously estimated at from thirty to ninety days but no one knows the life history of blood held in a state where its vitality is reduced to a condition of quasi-quiescence. This is our present-day study. It will take a great deal of work, and first among the points for investigation will be (1) an uniformity of circumstance; (2) a minimum of cell food, assimilable under these circumstances; (3) an atmosphere that is acceptable.

Under *present* circumstances placental blood preservation has proven safe, constant, efficient, time-saving in emergency, and a lucrative source of supply for transfusion. Its cost will vary with the size of the plant, but it soon pays for itself. Moreover, the plant provides an excellent means of preserving supplemental blood drawn from healthy sources in the other departments of the hospital. It is the opinion of the authors that blood from cadavers will never be acceptable to the public, and the recorded untoward reactions in countries where it is used adds a decided physical deterrent to the deeply grounded sentimental objections.

The Tercentenary of Jeanne Mance

1642-1942

A meeting was held recently at the Hotel Dieu of Montreal in preparation for the Tercentenary of the arrival of Jeanne Mance at Ville Marie, now known as Montreal. The meeting was presided over by the Reverend Sister Allard, recently appointed president of the sub-committee of nurses by the ladies' sub-commission of the Tercentenary celebration of Montreal. The president cordially welcomed the delegates of the different nurses' associations of the city to the hospital of Jeanne Mance, and explained that this preliminary meeting was to inform the nurses of the different ways in which the celebration of the Tercentenary should commemorate the arrival of Jeanne Mance at Ville Marie.

It is of the utmost importance, she remarked, that the nurses play a distinguished part in the celebration of the Tercentenary, because it is their privilege to revive the spirit of Jeanne Mance as an ideal nurse. The other women's groups are already preparing themselves to honour Jeanne Mance as the first woman of Ville Marie. They praise her administrative qualities, her sense of economy, her courage and heroism, and are already displaying a great deal of activity in this direction. It is now the duty of the nurses to bring to the minds of everyone that, above all, Jeanne Mance was a *nurse*. The care of the sick and wounded was the pivot around which she centered all her energy and activity; it was, therefore, her vocation and her calling as far as Ville Marie was concerned.

After these introductory remarks, the president read the reports of two meetings discussing the celebrations held at Maison de la Federation Nationale St.

LA RÉVÉRENDE SOEUR ALLARD

Hospitalière-en-chef, Hôtel-Dieu de St. Joseph, Montréal

Jean Baptiste on November 25, 1938, and February 4, 1939. The reports of these two meetings were published in "*La Bonne Parole*", organ of the Federation. At the second meeting, Madame Thibaudeau, the general president of the Federation Nationale St. Jean Baptiste and of the ladies' sub-commission of the Tercentenary celebration, appointed Sister Allard president of the sub-committee of nurses, with the charge and privilege of organizing the contributions

of the nurses, with the approbation of the ladies' sub-commission.

The Catholic Association of Canadian Nurses has presented to the ladies' sub-commission a request to nominate a lay-nurse as joint president of the said sub-committee of nurses. It was moved by Mlle G. Brossard, G.M.E., seconded by Mlle A. Martineau, G.M.E., and unanimously adopted, that Mlle Anysie Déland, G.M.E., be proposed as joint president of the sub-committee of nurses.

The president then told the meeting of a plan regarding a play in honour of Jeanne Mance, in which the various branches of the nursing profession could be represented. This plan received the approval of the nurses present, all of whom expressed their hopes for the success of such a worthy undertaking.

In order to comply with the desire expressed during the second meeting of the ladies' sub-commission, it was suggested that the nurses study the life of Jeanne Mance and that the graduates of each hospital attempt to emulate it in one form or another until the time of the Tercentenary. For the purpose of obtaining information regarding the history of Montreal, it was suggested that the president of each branch should arrange for speakers who could treat the subject during the monthly meetings of their associations.

It was moved by Mlle Martineau, seconded by Mlle Giroux, that the nurses adopt the costume of Jeanne Mance for the Jubilee Year 1942. In order to avoid all controversies or misuse, these costumes should be under the supervision of Hotel Dieu. This plan will be submitted to the Commission of the Tercentenary celebration, and all decisions shall be made with the approval of the latter.

It was further suggested that a resumé of this meeting be sent for publication to *La Garde-Malade Canadienne Française* and to *The Canadian Nurse* in order to inform the nurses, English as well as French, who are interested in the Tercentenary celebration of Montreal. The closest co-operation is necessary between the different branches of nursing, and the sub-committee relies on the collaboration of all of them, and of each individual nurse.

Our New "International"

Every year adds to the goodly company of Canada's "Internationals" — a group of young nurses of whom we have every reason to be proud. The latest addition to the ranks is Mary Elizabeth Henderson, to whom has been awarded the scholarship given annually by the Canadian Nurses Association. This scholarship will enable her to take one year of study in the courses offered in London under the auspices of the Florence Nightingale International Foundation.

Miss Henderson has had an unusually broad preparation in both an academic and a professional sense, and is well qualified for advanced study. She was born and educated in Vancouver and took the five-year combined course in Applied Science and nursing, offered by

the University of British Columbia and the School of Nursing of the Vancouver General Hospital, which leads to the degree of Bachelor of Applied Science (Nursing). Following her graduation, Miss Henderson served for over a year as a public health nurse in Saanich. Later she joined the school nursing staff of the Vancouver School Board and, after the formation of the Metropolitan Health Committee of Greater Vancouver, was appointed acting supervisor of school nursing services. These services comprise a generalized public health nursing programme consisting of school nursing, child welfare, tuberculosis and communicable disease work.

Miss Henderson is actively interested in nursing organizations and has served as convener of the public health section of the British Columbia Registered Nurses Association and as secretary of the Health and Welfare Educational Group. Just to prove that she is the fortunate possessor of a well rounded personality, Miss Henderson finds great pleasure in sports and in music. There can be no doubt that she will add to the high reputation which Canadian nurses have already established as outstanding members of a group selected from the best nurses which the world can offer.

Mary Elizabeth Henderson

Introducing Agnes Macleod

At the Biennial Meeting of the Canadian Nurses Association, Agnes Jean Macleod was elected chairman of the National Nursing Education Section. Miss Macleod comes of Scottish ancestry and was born in Parkhill, Ontario, the youngest of a family of five. She received her early education in Edmonton where she attended Normal School and subsequently taught school for a year and a half before beginning her course in Arts at the University of Alberta. She took the five-year course offered by the School of Nursing in the University of Alberta and thus qualified for the academic degrees of B.A. and B.Sc. in Nursing. For two years she served as instructor of nurses in the Lamont Public Hospital, and from 1928 to 1929 acted in a similar capacity in the

School of Nursing of the University of Alberta.

From 1929 to 1932 she undertook post-graduate study at Teachers College, Columbia University, managing also to fit in a three months course at the Manhattan Eye, Ear and Throat Hospital. During her last year at Teachers College she carried what she herself describes as "a part-time evening job from 5 p.m. to midnight in charge of the supply room at the Doctors' Hospital." Miss Macleod does not say when she found time to study or to sleep but we happen to know that she took her Master's degree with flying colours.

Upon her return to Canada in 1932 she became the instructor of nursing practice in the School of Nursing of the Vancouver General Hospital, and in 1937, was appointed to the position she now holds as Director of the School of Nursing of the University of Alberta. She outlines her duties as follows:

Although this University started the Undergraduate Courses leading to a diploma and degree in 1923, and graduated students, granting a B.Sc. degree in Nursing in 1927 (the class of which I am a graduate), the final year in Public Health Nursing was only given that year, and was not resumed at this University until 1937-38. So with my appointment in 1937, the School for the first time had a nurse director. In the interval students went elsewhere for their final year. At present I conduct the University end of the School of Nursing work.

Miss Macleod has been chosen as the representative of the Alberta Association of Registered Nurses on the University of Alberta Senate Committee for the inspection of Schools of Nursing in Alberta. She is keenly interested in nursing organizations, has served as chairman of the Committee on Nursing of the Canadian Hospital Council, and is now the president of the Edmonton Graduate Nurses Association.

Miss Macleod is a member of the Canadian Club, the Women's University Club, and the Soroptomist Club, but in spite of all these manifold interests, claims to be "fundamentally a lazy individual, rather a bookworm, not specially athletic, who enjoys the movies and my own fireside when I can manage an evening there!"

Ports of Call

The Year Book, published by the Alumnae Association of the School of Nursing of the Calgary General Hospital, has just reached this desk, and without so much as a by-your-leave we are going to quote freely. Under the caption of "Ports of Call" we found this delightful description of life in a Japanese hospital, written by Miss E. Foerstel (C.G.H., 1924):

"I am so glad you have come to spend the day with me. We are not so very busy just now, and I have time to show you what I can of interest, but I must warn you beforehand that this is a very up-to-date hospital, and you may go away envying us in many ways, especially where the building is concerned. Though at first only a small house, it has grown and grown, until we now have this fine building, erected to "the glory of God and the service of humanity".

There is a large medical staff of senior doctors, their junior associates, internes, and many graduate nurses. There are also some outside graduates, as well as our own student nurses, who have four years' training and who have the equivalent of college education. These are all in uniform just as you would see them at home. The men in khaki coloured trousers and white coats are what we call *kozukais*. They do all the floor cleaning, carrying of stretchers, etc. The ladies in yellow uniforms are the floor kitchen *amahs* who also assist in the arranging of flowers and the care of the linen rooms. The boys whom you see wearing blue serge uniforms with the hospital initials on the collar, are what we call *"boy sans"*, and each floor owns one, to run messages and direct the visitors.

Now we will start on our way. Before you have gone very far you will find yourself beginning to nod at everyone you pass, and although it is not our own way of greeting we soon fall into the habit. I know I shall have a hard time parting with this habit when I return home. Unfamiliar with the language, it helps a lot to know that by just bowing your head you are taking part in a greeting such as "Ohiogozaimas", Good morning; or "Konichiwa", Good day. It is quite acceptable to those whom you are greeting, and it is not necessary to say anything.

Upon entering, if you wear *"geta"*, Japanese footwear, the *kozukai* will take them from you and give you a pair of *"zori"*, Japanese slippers, for we cannot have the clatter of the former down our corridors. "What is that odour?" you say. I am not surprised, for along this corridor the kitchen and the dining rooms are situated. I have become used to it, and the Japanese themselves of course do not notice it. The Japanese pickles are responsible!

Here is the fifth floor, my domain. I am very proud of it. The nice black and white corridor is shining its very best. This floor is all surgery—men and women. It is in three sections, each having its own nurses' station and utility room. There is one main floor kitchen and one treatment room. Here is Mrs. Takayanagi, my Japanese supervisor for the whole floor. She has two head nurses for each section, who again have their staff of nurses according to the number of patients. We have central service for the whole floor to include linen and supplies of all kinds, thus simplifying requisitions and space. Takayanagi San is a gem. Yes! I believe she is just half my size in height and weight, but is she capable! Being a little older than the other nurses, they have a great respect for her because they know that she knows her work. Oh, yes, she speaks perfect English, she was in America for several years. You must also meet another of my nurses who speaks English and speaks it well. She has never been abroad—just learned it here. All our own graduates speak it very well. Let us look at the charts—all in English and what fine printing. Even the doctors do their part in English. It is one of the rules of St. Luke's, that only English should be used on the charts.

I usually greet Mrs. Takayanagi first, and see how things are generally, coming back later to see the patients. I have to see what is scheduled in the operating room, whether any anaesthetics are needed, or any foreigners are coming up. As you see, we have two major and minor operating rooms, also this room for plaster cases. This room, which we are now using for a supply room, was originally the anaesthetic room, but as so very little general anaesthetic is used and we needed the space, we put it into use. What anaesthesia do they use? It is so different from home. In the first place you have a people who, for generations have been taught to bear pain—never to complain—therefore they have not nerves like ours, and though sometimes it really does hurt, it is the last thing they will confess to. The doctor is a *sensei* (teacher) to them, and he can do no wrong, and their absolute confidence is in him. Therefore patients do not come to us apprehensive, but calm and collected. One wonders for how many more generations this will be so. Already the younger people are less brave than their elders and we do get called upon sometimes to put a patient to sleep. They are all well premedicated, local and spinal anaesthesia are used most—as a rule with

much success. However, there are times when these cannot be used and then ether or ethyl chloride are administered. We have three gas machines but the gas is very expensive, as it all has to be imported, and the patients do not seem to take to it at all. In my three and a half years here I believe I have not used gas more than fifty times, and only about ten times on Japanese patients.

Now let us look into this other room. Yes, a child having her tonsils out under local anaesthetic. The adenoids will come out too, in the same way. Do they always sit up like that and "take it?" Yes, most of them do. They always come to the operating room with the greatest of interest, never crying. They do not remove tonsils for children less than four years old. They are usually very good about the painting and injection, but, as some of us know, that does not always deaden all the pain, and most of them give a little squirm when the tonsil actually comes out. But they are soon over it and hold no hard feelings.

Let us go across to the supply room; it is central supply to the whole hospital. Hypodermoclysis sets, saline (we are only responsible for the sterilizing of it), all dressings and linen. Yes, a graduate nurse is responsible with her three *amahs* who work here all the time, and then the clinic nurses who have finished their work come over each day for an hour or so. Four autoclaves are in action most of the day. The O.R. nurses' uniforms I think are very nice; only plain dresses with square neck, no collar, and short sleeves. They always change to regular uniform when going to meals or off duty.

Now I will take you to see one or two of my not-so-ill patients. I make rounds daily with my Japanese supervisor, seeing every patient, and those who are very ill more often if I can help in any way. The patients seem to like my coming. I do very little for them, but sometimes straightening a pillow, or a little chat (through an interpreter) seems to cheer them up, or at least pass away some of their time. Come, we will go in here and see Mr. Maki. Fractured leg, up in spica for three weeks. Now having gentle massage and hopes to be up soon in a chair. "Ohiogozaimas, Maki San! this is my friend from Canada who is visiting here and enjoying your country". The patient welcomes you and hopes you will be happy here. He likes to know where you are from, and tells you he has not yet visited your country but hopes to do so some day. I have just asked him how he is feeling to-day, if he slept well last night, and how the meal trays are. He says I speak very good Japanese, but the trouble is he does not know how limited it is! For these are about all the questions I can ask him. Yes, he talked quite a lot to me and I can understand a good deal of what he said, but far be it from me to answer him, so I get Takayanagi San to do so for me. "Sayonara, odaijini". We always say that when leaving them. It means "goodbye and take care of yourself."

Come now into this big sunny ward. As you see, each cubicle can be curtained off, no need of screens, and there is so much space and air. The student nurses do most of their practice here, and the patient gets the very best of care, for the students are well supervised. Does it seem strange to you to see all the different bed wear? The very ill keep to hospital gowns, but as soon as they are better they like to get into their *yukata* (kimona worn in bed). Some ask for pyjamas. They all (if they can get away with it) like to wear their tummy bands, *haramaki* at night—also shorts.

Are not the flowers lovely? All the year round they are so. Do you hear that little sizzling noise? Well, on that plant hangs a tiny cage, and in that you will find an insect that makes that noise. The patients like them. Goldfish are also brought to the patients. These have a very cooling effect, and they love to watch them.

Now, before I say good-bye, just come to these doors off the ward and look down into our lovely chapel. From here organ music and singing drift up to the wards, and the patients enjoy it so much.

Some happy students in 1938

SUMMER SCHOOL FOR NURSES IN MANITOBA

EDITH M. McDOWELL

President, Manitoba Association of Registered Nurses

The Manitoba Association of Registered Nurses wishes to announce a second summer school course under the aegis of the University of Manitoba. The success of the 1938 summer school session for nurses is our justification for proceeding to this second summer school session. This year, we are fortunate in being able to have on our teaching faculty, Miss Agnes Macleod, Director of the School of Nursing of the University of Alberta. Miss Macleod will direct a course extending over three weeks, in the principles of teaching the fine art of nursing. Teachers in schools of nursing will welcome the help and guidance of Miss Macleod in this course which she is so well able to present.

There will be a course in bacteriology, including full laboratory experience to parallel the lectures. Graduate nurses who have felt that their experience in bacteriology has been deficient, will appreciate this opportunity to strengthen their equipment. Particularly will it be welcomed by teachers in schools of nursing who require help in presenting this subject and in utilizing what is so frequently limited laboratory equipment.

This year, Mr. Thomas MacMaster, B.A., of the University of Manitoba, will present a course in the general principles and practice of teaching. This will be a sound basic course for teachers in schools of nursing and is designed to help the teacher in the scientific selection and organization of subject matter and in correct approach in the effort to realize objectives in teaching. It will

include guidance in the selection of illustrative material and in making correct application of scientific knowledge to actual situations. Mr. MacMaster has distinguished himself by his ability in the field of education and we are most fortunate in being able to secure his appointment on the summer school faculty.

A study of the elements of preventive medicine has been included and we have been able to secure the services of specialists in the fields of maternal and child hygiene; the hygiene of nutrition; school health; and control of tuberculosis and venereal disease. A course in the presentation of history of nursing will also be given, with a view to assisting teachers in organizing material and stimulating an appreciation in the student, of the story of nursing as a background against which modern trends have developed.

This Association realizes its good fortune in being able to participate in the University Summer School and make full use of its equipment. Graduate nurses who are anxious to improve their own equipment in order to render more efficient service in meeting rapidly changing community needs and in order to prepare for the increasing fields of activity for nurses, will be grateful for this opportunity afforded by the University of Manitoba through its Summer School at very reasonable cost. Our thanks are due not only to the untiring efforts of our Summer School Committee but also the University, through its President, Dr. Sidney E. Smith and its Dean of Education, Dr. D. S. Woods, whose sympathy and co-operation have made this second summer school session possible.

Reading lists have been prepared in the various courses and further particulars with regard to these and to the courses will be supplied upon application to Miss Gertrude Hall, Executive Secretary, Manitoba Association of Registered Nurses, 214 Balmoral Street, Winnipeg.

TRAVELLING FELLOWSHIP
FOR MISS FIDLER

The Rockefeller Foundation has done much for nursing education but, of all its generous gifts, perhaps the most lasting and beneficial are the travelling fellowships which make it possible for nurses to observe and practise in countries other than their own. Canada should be proud that the School of Nursing of the University of Toronto has so often been chosen by the Foundation as the best place for foreign students to receive instruction. Now the Foundation is making it possible for Miss Nettie Fidler, an outstanding member of the faculty of that School to study abroad. She will spend the next four months in England and on the Continent and thus be able to see for herself the working environment from which the overseas students come. Miss Fidler possesses, in a very high degree, the keen mentality and the broad preparation which will ensure the best possible use of this unique opportunity.

STUDENT NURSES PAGE

This Will Help Us in the Wards

HELEN CARR *and* HELEN MORROW

As part of the new preparation for public health nursing offered by the School of Nursing, University of Toronto, arrangements are made for the student to have contact with the community at intervals throughout the entire training. During the first term of the first year an initial week of experience is planned so that she may see something of community effort for preserving the health of its people. It is significant that this observation work is experienced before the student commences bedside care on the ward with the hope that such care will be more adequate when undertaken. The papers which follow reflect the reaction of two of these students to the week of experience arranged for this year's class.

The week we spent observing showed us more than we ever realized before what is being done to prevent disease as well as cure it. We understood for the first time what Child Health centres and play-schools are because we saw their inner functioning and their products. The work done in the health centres impressed us very much because it seems that these babies will grow up into fine healthy children and will build up a resistance to disease. To these centres are brought babies from the age of one month to two years. This free health service is given only to well babies —if a child is sick he is sent to his own doctor, to return only when he is well. Weights are recorded, the mothers are interviewed, the babies' diets are regulated, and at six months the babies are given toxoid. With this care the health of a great many babies is almost assured.

In the play school, preschool children are taught to use their hands intelligently by the use of plasticine, blocks, crayons and paper; they are taught to play together in musical games and with toys; they are taught good health habits such as washing their face and hands and combing their hair at a certain period before being given milk and cookies. These children, besides being helpfully instructed, are kept off the streets.

In the public schools we learned that children are given two complete physical examinations during the period of their elementary schooling. Defects such as poor eyesight, poor hearing, cardiac conditions, etc. are thus caught in the early stages by the doctor in charge and the school nurse, and the child is referred to his own doctor or a hospital clinic. The children are treated tactfully and with understanding so that their con-

fidence is gained and as a result the examination is more successful.

When visiting with the Victorian Order of Nurses we saw the types of homes visited—mostly those of people who cannot afford or do not need hospitalization; we saw the types of cases treated such as maternity patients and those requiring insulin injections, or surgical dressings. In addition to learning the functionings of this Order we noted the skill and understanding that characterized their work.

We also visited the Connaught Farm where we learned what forces are at work to prevent disease. We were shown how diphtheria bacilli were put on broth and incubated to form toxin; to this toxin was added formaldehyde resulting in toxoid. This is what is given to people to provide immunity. To prepare anti-toxin, the toxoid is injected up to one litre into horses and then eight litres of blood are taken later from each horse. This is the anti-toxin which is given to people exposed to diphtheria or those who have the disease. Experimentation on guinea pigs, rabbits, and ferrets is also done at this farm which is conducted in connection with the University of Toronto.

Because of these visits in the public health field, we feel that if we were in the wards now we could talk intelligently and helpfully with any person with whom we might come in contact, for having perceived the eagerness which characterized a mother's or a father's attitude toward the nurse with regard to the health of their children we feel that a nurse on ward duty could inspire the same attitude and willingness to heed advice in health matters concerning themselves.

THE VICTORIAN ORDER OF NURSES

Miss Eva Bayne and *Miss Frances Graham* have resigned from the Toronto Branch.

Miss Helen Miller has resigned from the Kirkland Lake Branch and is being replaced by *Miss Phyllis Boden*. Miss Boden is a graduate of the School of Nursing of the Calgary General Hospital and has just completed the period of two months supervised experience on our Montreal staff.

A third nurse has been added to the Timmins staff — *Miss Fredrica Johanneson*. Miss Johanneson was formerly employed on our Saskatoon staff.

Miss Eola Scott has been transferred from the Hamilton staff to the position of nurse-in-charge of the Chatham Branch, replacing Miss Katherine Nattress. Miss Scott is a graduate of the School of Nursing of the Hamilton General Hospital and of the course in Public Health Nursing, University of Toronto.

Miss Katherine Nattress has resigned as nurse-in-charge of the Chatham Branch and has accepted a position on the Hamilton staff. Miss Nattress is a graduate of the Toronto General Hospital and of the course in Public Health Nursing, University of Toronto.

Miss Pearle Farmer has resigned from the Braeside Branch and is being replaced by *Miss Mary Austin*. Miss Austin is a graduate of the School of Nursing of the Toronto Western Hospital and of the course in Public Health Nursing, University of Toronto.

Miss Daisy Lodge has resigned as assistant district superintendent of the Ottawa Branch.

ELIZABETH SMELLIE,
Chief Superintendent.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

The Executive Committee of the Canadian Nurses Association held its first meeting of the year on March 11, in Vancouver. Those attending were the President, Miss Grace M. Fairley, Misses A. Cavers, M. Duffield, K. Ethel Gray, Mary E. Henderson, Margaret E. Kerr and Margaret Teulon. A summary of the proceedings of this Executive Committee Meeting follows:

Resolutions adopted include:

1. That the President be authorized to accept the invitations of the Alberta and Saskatchewan Associations to attend their Annual Meetings in 1939.

2. That, as the Canadian Nurses Association is a national organization, the highest minimum salary required under any Provincial Wages Act shall be the accepted minimum for permanent employees of the Canadian Nurses Assocation and *The Canadian Nurse*.

3. That whereas it has been accepted as desirable that more direct contact should be made between the Canadian Nurses Association and its federated organizations, be it resolved that this Executive recommends that study and consideration be given to the development in the near future of the office of a National Field Secretary, and that a committee be appointed to study this matter and report at the General Meeting in 1940.

4. That the Executive Committee recommends to the Provincial Associations that the annual membership cards issued to individual members include: (1) the Serial Registration Number; (2) the statement that Provincial membership means membership in the Canadian Nurses Association and the International Council of Nurses; and that the Executive Secretary be requested to communicate with the Provincial Secretaries accordingly.

5. That the Executive Committee endorses the request of the Registered Nurses Association of British Columbia that the plan of the Vancouver Graduate Nurses Association for the establishment of a Community Nursing Bureau receive the consideration of the Joint Advisory Committee of the Canadian Nurses Association and the Victorian Order of Nurses for Canada on Community Nursing Service Bureaux. The latter Committee had reported discontinuance of negotiations between the City of Moose Jaw and the Joint Advisory Committee for an experimental nursing bureau in that city.

6. That the National Committee on Education be requested to undertake the preparation of a pamphlet dealing with Nursing which would be comparable to the one submitted, and which would be available to high schools and kindred groups. It was further suggested that the Provincial Associations might be requested to collaborate in the preparation of this, especially in relation to educational requirements for admission to Schools of Nursing.

7. In regard to inquiries from European refugee nurses for possible employment in Canada, it was resolved that each individual case should be dealt with by referring the inquirer to the executive officer of the province in which the ap-

plicant hopes to reside, enquiring whether or not she is eligible for registration, and that all such nurses be urged to enter Canada through the official quota.

Considerable discussion took place on the question of a National Placement Bureau, and it was recommended by the members present that, in the light of the Manitoba report regarding their activities, the other provinces should undertake a similar study in conjunction with National Office. It was suggested that a copy of the Manitoba plan might be forwarded to each province as a basis of discussion.

Approval was given to a recommendation in the report from the committee appointed to study the question of a History of Nursing in Canada, namely: that provincial committees be appointed to tabulate available data and to undertake an intensive and extensive search for further historical material relating to the development of nursing in the respective provinces.

In response to a request by the Executive to the Legislation Committee to study the question of incorporation for the Canadian Nurses Association, the committee submitted a report of the results of the study and expressed its approval of incorporation. A copy of this report has been sent to members of the Executive Committee and to the secretaries of the Provincial Associations.

The members present unanimously agreed that *The Canadian Nurse* has been improved by the increased size and expressed their interest in the articles which have appeared in the *Journal* recently.

The appointment of a representative from the Canadian Florence Nightingale Memorial Committee to the meeting of the Grand Council of the Florence Nightingale International Foundation, July 10-12, 1939, in London, was discussed. It was then decided that decision be delayed until announcement is made as to when and where the interim meeting of the International Council of Nurses will be held.

It was announced that some months ago National Office had procured a photograph of Miss M. F. Hersey in academic robes, and that more recently the Alumnae Association of the School of Nursing of the Toronto General Hospital had presented headquarters with a similar photograph of Miss Jean I. Gunn.

Highlights from Provincial Reports

The *Alberta Association of Registered Nurses* is giving leadership to several graduate nurses associations which have signified a desire to form District organizations of the A.A.R.N.

The *Registered Nurses Association of British Columbia* arranged an experimental exchange between a public health nurse and a staff nurse in the Maternity Department of the Vancouver General Hospital. The Hospital staff and the Public Health organization were most co-operative. Consideration was being given to a suggested possible change in the Provincial Employment Act by which a Nursing Bureau could be under the control of the profession.

The *Manitoba Association of Registered Nurses* is arranging to make a survey of employment possibilities for nurses. The survey will be made by a registered nurse under the directions of a Committee appointed to conduct this project: a copy of the outline of the plan for the survey is published below this summary of the Executive Committee Meeting proceedings.

The *New Brunswick Association of Registered Nurses* reported further study of the proposed new Act of Registration in New Brunswick. The Association is

offering to its members (for the first time) a scholarship for post-graduate study. Co-operation of educational authorities was secured in regard to the revised course in chemistry for high schools conforming sufficiently to meet the requirements for organic chemistry as proposed in *The Curriculum*. Re-organization in several schools was reported by the School Visitor.

The *Registered Nurses Association of Ontario* is studying the development of Community Nursing Service Bureaux and of the re-organization of registries, plans for which are to be basic and capable of adjustment to fit individual centres. A three day Health Institute, sponsored by District 8 in Cornwall, proved very successful with the entire community co-operating.

The Private Duty Section of the *Registered Nurses Association of Prince Edward Island* meets every second week and is following the programme of study as outlined by the National Section. The Nursing Education Section is supporting a proposed course of lectures on public health nursing for provincial schools of nursing.

English and French speaking groups of the Public Health Section, *Association of Registered Nurses of the Province of Quebec* each held a well attended refresher course, while the Private Duty Section (English) has arranged a series of lectures including practical demonstrations in medical asepsis technique. Two scholarships are offered for 1939, each amounting to $250.00 for a year's post-graduate study. One scholarship is to be awarded to an English-speaking member, the other to a French-speaking member. The Association has been approached for representation on the Committee on Arrangements for the Tricentennial celebrations for the City of Montreal in 1942. Special committees composed of nurses are being appointed to arrange for celebrations in honour of Jeanne Mance. The Association is planning to hold a general meeting in Quebec City early in June.

The *Saskatchewan Registered Nurses Association*, through the Provincial Department of Health, has arranged for a course of lectures on public health nursing which will be available to all schools of nursing in Saskatchewan. The current examinations for registration are held under recently revised regulations by which it is felt the regulations conform more closely to the recommendations in the *Report of the Survey of Nursing Education in Canada* and those tested by other authorities.

Potential Employment

The following plan for a Survey of Employment Possibilities for Nurses has been prepared by the Manitoba Association of Registered Nurses:

Objectives:

1. To achieve a better balance between the utilization of nursing services and the needs of the community.

2. To study the specific needs of employers, and to provide them with complete records of qualified nurses for any nursing position.

3. To find the percentage of nurses employed and unemployed.

4. To find employment possibilities for nurses.

5. To make new contacts for nurses in old and new fields.

6. To increase the scope and effectiveness of the Nurses Directory as a Placement Bureau.

7. To furnish data which can be of value to the Registered Nurses Association in other ways.

8. To prepare a pamphlet that may serve as a means of guidance not only

for the student in training but also for the bewildered graduate.

Advantages:

1. A plan designed to make the community more health conscious.
2. A means to help employers help themselves.
3. A definitely planned attack upon the possibilities of employment.
4. A means of acquainting the nurse with a guide to roads of employment.
5. It furnishes, for the first time, data which may be used to answer such pertinent questions as: (a) Are nurses employed in all the capacities possible? If not, why not? (b) Are other people doing jobs nurses could and should do? (c) Is the nurse, however employed, doing the best job possible, or is she neglecting opportunities to make herself more effective? (d) Are nurses able to obtain specialized training and could more nurses be given special training? (e) Would a nurse be employed in many cases if she could combine her nursing with other duties? (f) If the nursing possibilities have been underdeveloped because one nurse is unable to handle the work, would the employer consider employing more?

Procedure:

1. Survey of last two or three years' graduates: (a) Number employed; (b) number unemployed; (c) type of employment; (d) percentage employed in each type; (e) average income.
2. Survey of all possibilities of employment to determine present nursing services utilized, their adequacy and prospects for further development.

A National Enrolment

Recently the Canadian Legion of the British Empire Service League sponsored a survey of ex-Service men and women under sixty years of age by which it is planned there will be a registration of those who are available for possible emergency service. The survey is concerned chiefly with those who are beyond the age for active service but who might be available for police or other duty, depending on the individual's ability and capacity.

This nation-wide registration of ex-Service men and women does not conflict in any way with the National Enrolment of Nurses for Emergency Service which has been in operation since 1930, under the joint effort and direction of the Canadian Nurses Association and the Canadian Red Cross Society.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

Calgary Association of Graduate Nurses, Calgary	10.00
A.A., Calgary General Hospital, Calgary	$10.00
A.A., Misericordia Hospital, Edmonton	5.00
A.A., University Hospital, Edmonton	10.00
Edmonton Overseas Nurses Association, Edmonton	10.00
Miss Ethel Brown and Staff, Municipal Hospital, Wainwright	2.00
Student Nurses, Misericordia Hospital, Edmonton	5.00
Student Nurses, Provincial Mental Hospital, Ponoka	5.00
Staff Nurses, Provincial Mental Hospital, Ponoka	10.25
Staff Nurses, Royal Alexandra Hospital, Edmonton	10.00

British Columbia:

Graduate Nurses Association, New Westminster	25.00
Graduate Nurses Association, South Okanagan	5.00
Graduate Nurses Association, Victoria	8.00
Bulkly Valley Hospital, Smithers	5.00
Kimberly Public Hospital	10.00

Mission Memorial Hospital	1.00
R. W. Large Memorial Hospital, Bella Bella	5.00
Princeton Hospital	11.00
St. Eugene School of Nursing, Cranbrook	5.00
Science Girls Club, Vancouver ..	15.00
Miss Graves, Britannia Beach	3.00
Nova Scotia:	
Halifax Branch, R.N.A.N.S.	25.00
Ontario:	
A.A., Galt General Hospital, Galt	5.00
A.A., Grant Macdonald Training School, Toronto	5.00
A.A., Hospital for Sick Children, Toronto	25.00
A.A., Niagara Falls General Hospital, Niagara Falls	5.00
A.A., Nicholls Hospital, Peterborough	5.00
A.A., Oshawa General Hospital, Oshawa	5.00
A.A., Riverdale Hospital, Toronto	10.00
A.A., Stratford General Hospital, Stratford	10.00
A.A., Toronto General Hospital, Toronto	100.00
A.A., Wellesley Hospital, Toronto	5.00
District 5, Chapter 2, Registered Nurses Association of Ontario ...	5.00
District 6, Registered Nurses Association of Ontario	10.00
District 8, Registered Nurses Association of Ontario	25.00
Graduate Nurse Staff, Hospital for Sick Children, Toronto	34.00
Graduate Nurses Association, St. Catharines	5.00
Proceeds of movie held under auspices of Graduate Nurse Staff, Toronto General Hospital, Toronto	80.00
Dr. G. E. Richards, Toronto General Hospital, Toronto	20.00
Student Nurses, Hospital for Sick Children, Toronto	10.00
Students, School of Nursing, University of Toronto, Toronto	5.00
A.A., Woodstock General Hospital, Woodstock	5.00
Saskatchewan:	
A.A., City Hospital, Saskatoon	5.00
A.A., Queen Victoria Hospital, Yorkton	5.00
A.A., St. Paul's Hospital, Saskatoon	5.00
Anna Turnbull Hospital, Wakaw ..	2.00
Cabri Hospital, Cabri	1.00
Frontier Community Hospital, Frontier	.50
General Hospital, Swift Current ..	5.25
Gull Lake Hospital, Gull Lake	2.00
J. Jackson, Arcola	1.00
Kelvington Union Hospital, Kelvington	2.00
Melville Hospital, Melville	1.00
Nurses, Weyburn	10.50
Regina Registered Nurses Association	20.00
Rosetown Union Hospital ,Rosetown	7.50
School of Nursing, City Hospital, Saskatoon	5.00
School of Nursing, Regina General Hospital, Regina	5.00
School of Nursing, St. Elizabeth Hospital, Humboldt	4.80
School of Nursing, Grey Nuns Hospital, Regina	5.00
Miss Roberta Sage, Wilkie	.50
Miss Elizabeth Smith, Moose Jaw	10.00
Staff and Student Nurses, General Hospital, Moose Jaw	10.50
Staff and Student Nurses, Providence Hospital, Moose Jaw	5.00

An Interesting Letter

A recent letter from Mrs. Rebecca Strong of Edinburgh, Scotland, to the Executive Secretary is written in the former's characteristic, legible hand writing and its content shows that although in her ninety-sixth year, Mrs. Strong continues to maintain a progressive outlook for nursing and nurses. Her recent letter states:

Please thank the President and Members of the Canadian Nurses Association for their kind congratulations on my receiving the O.B.E. I hope to live to see nursing a

real profession, not a courtesy only, with its preliminary education and relief from class work while taking their practical training in the wards.

I have the liveliest recollection of that memorable meeting in Montreal.

With hearty greetings and happy remembrance for all.

Sincerely yours,

Rebecca Strong

OBITUARIES

MABEL B. CLINT died on March 17, 1939, at the Military Hospital, Ste. Anne de Bellevue. During the Great War Miss Clint served with great distinction on several fronts and was the author of "Our Bit", a vivid and moving account of her experiences. In a subsequent issue more extended reference will be made to the life and work of this courageous and devoted woman.

GLADYS DUNN (Mrs. S. Bennett) died on April 1, 1939. Mrs. Bennett was a graduate of the School of Nursing of Jeffery Hale's Hospital, Quebec City, and a member of the Class of 1937.

EMMA AMELIA FRANKLIN, of Field, British Columbia, died on March 29, 1939, after a long illness. Miss Franklin was a graduate of the School of Nursing of Sussex Hospital, Hastings, England, and had resided in British Columbia for a number of years.

MARY LAYTON FULTON died on March 25, 1939, at Great Village, Nova Scotia. Mrs. Fulton was a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the Class of 1909, and rendered valuable professional service in Alberta, British Columbia, Bermuda, and Nova Scotia.

LAURA ADELAIDE GAMBLE died on March 21, 1939. For the past seven years Miss Gamble rendered outstanding service as the superintendent of the Hillcrest Convalescent Home, Toronto, but prior to this appointment her chief interest was in the public health field. She graduated from the School of Nursing of the Toronto General Hospital in 1910, and from 1915 to 1920 served with great distinction with the Canadian Army Medical Corps in France, Salonica, and England. In recognition of her fine record, she was mentioned in dispatches and was awarded the Royal Red Cross (second class). She also served in Canada as Matron of St. Andrews Military Hospital. At the close of her military career Miss Gamble took the course in public health nursing offered by the University of Toronto, and from 1920 to 1924 was a member of the staff of the Department of Public Health, Toronto. In 1924 she was appointed director of public health nursing in Cattaraugus County, New York State, where she participated in notable experiments with new methods. From 1930 to 1931 she undertook further study at Teachers College, Columbia University and then returned to Canada.

Miss Gamble was keenly interested in nursing organizations and upon different occasions was president of the Alumnae Associations of the Toronto General

Hospital and the School of Nursing of the University of Toronto. She made a specially fine contribution as the president of the Community Health Association of Greater Toronto and as the secretary of the public health nursing section of the Canadian Public Health Association. Shortly before her untimely death she was elected chairman of District 5, Registered Nurses Association of Ontario, and the loss of her capable leadership will be keenly felt.

HELEN MCDONALD POLLOCK died on February 24, 1939, in St. Petersburg, Florida. Mrs. Pollock, who retired eight years ago from the position of Lady Superintendent of the Homoeopathic Hospital of Montreal, was a graduate of the School of Nursing of that institution. For twenty years following graduation, her sound judgment directed the services of the Hospital where she was highly esteemed for her many excellent qualities and her faithful and efficient administration. The nurses who trained under Mrs. Pollock remember her as a teacher who exacted from her pupils the same high standards she herself embraced. Her straight-forward manner and integrity of purpose throughout her professional life commanded the respect of all who associated with her. The graduates of the School who had the privilege of her wise counsel and able direction look back across the years and pay loving tribute to her memory.

BOOK REVIEWS

NUTRITION IN HEALTH AND DISEASE *by* LENNA F. COOPER, M.A., M.H.E., *Chief, Department of Nutrition, Montefiore Hospital, New York;* EDITH M. BARBER, B.S., M.S.; HELEN S. MITCHELL, B.A., Ph.D. Seventh Edition, completely revised. Published by the J. B. Lippincott Company, Canadian Office: Medical Arts Building, 1538 Sherbrooke Street, West, Montreal. 706 pages; 101 illustrations; Price, $3.00.

The relationship of food and health has become of increasing significance to the layman as well as to the professional worker. Hence it is doubly important that those whose responsibility it is to interpret and put into practice the rapidly growing fund of scientific knowledge on this subject, have at hand the most reliable information attainable. The busy physician, the nurse, both graduate and undergraduate, the dietitian and others, will find this need admirably met in the recently revised edition of a text and reference which has proven its value since its first appearance in 1928. Integration of the various phases—nutrition, diet therapy, and culinary practice, has been ably effected by the joint authors, each of whom is an authority in her particular field. This co-ordination of subject matter falls in line with recommendations put forth in the proposed curriculum for schools of nursing in Canada.

Part One deals with normal nutrition and emphasizes the need for sane nutrition in the promotion of optimal health, and sounds a caution against food fads and fraudulent nutrition propaganda. In this section is given the present status of vitamins, their chemical names and nature, illustrated by plates of the crystalline form. Part Two deals with diet in disease and has new sections on skin diseases, Addison's disease, and urinary calculi. Part Three deals with the feeding

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of mother and child, and should be particularly helpful to many groups because of the concise arrangement of subject matter. Part Four deals with nutrition in the public health programme and emphasizes an important link in community service. Parts Five and Six deal with food selection and cookery, with special emphasis on cooking for the sick and convalescent. In Part Seven is found a set of convenient reference tables, including the vitamin content of common foods given in international units.

MARION HARLOW, B.Sc.
Nutritionist with the Victorian Order of Nurses, (Montreal Branch).

"PSYCHOLOGY AND THE NURSE" *by* FRANK J. O'HARA, C.S.C., Ph.D., Dean of the College of Science, St. Edward's University; Professor of Psychology, Seton School of Nursing, Austin, Texas. Published by the W. B. Saunders Company; Canadian Agents: McAinsh & Co., Limited, Toronto. 252 pages; illustrated; Price $2.00.

The author of this book has thus defined his aim in writing it: "An attempt to present the principles of general psychology clearly, concisely, and with reasonable completeness, to students in schools of nursing. The need for such a textbook as this arises from the fact that the student nurse has necessarily only a limited time for study, in which she is required to absorb and retain the essentials of many courses. This text unites modern experimental psychology of both the objective and introspective schools, with the fundamental scholastic idea that the soul is the principle and substantial form of human activity."

The subject matter is arranged under fourteen general headings among which are: the mind and the reacting mechanism; effect of sensation on the mind; memory, feelings, and emotions; traits and tendencies; conflicts and adjustments; habit formation; attention and the laws of learning. There are excellent summaries at the end of each chapter as well as skilfully framed questions for purposes of review.

QUEBEC CITY WELCOMES THE A. R. N. P. Q.

The Board of Management of the Association of Registered Nurses of the Province of Quebec is pleased to announce that a general meeting of that Association will be held in Quebec City on Friday, June 2, and Saturday, June 3, an invitation to hold a meeting in Quebec, presented by a large group of our confrères in that city, having made such a meeting possible. Committees of French and English nurses in Quebec City have been actively engaged in planning a cordial welcome to those fortunate enough to attend. Old Quebec in June is an exceptionally lovely place and, as at all times, exceedingly interesting and well worth a visit.

The Quebec Committees are working under the joint convenership of Miss Norena Mackenzie, Principal of the School of Nursing, Jeffery Hale's Hospital, and Mlle Maria Beaumier, Superintendent of the Hospital and Principal of the School of Nursing, Hôpital Saint-Luc, Quebec. Mademoiselle Suzanne Giroux, Director of Nursing, Hôpital St. Luc, Montréal who is also Honourary Secretary of the Board of Management, A.R.N.P.Q., is chairman of the programme committee. The committee on arrangements and entertainment has as its convener Mrs. A. Macalister, former superintendent of Jeffery Hale's Hospital. Miss Emily Fitzpatrick is convener of the public health committee, Miss Dorothy Anderson is convener of the nursing education committee and Miss Elsie Walsh is convener of the private duty committee. A tentative outline of the programme follows:

On Friday, June 2, at 2.30 p.m. a bilingual session, to be held at the Chateau Frontenac Hotel, will precede an illustrated lecture on radium and X-ray therapy in the treatment of cancer, given by the internationally famous authority on the subject, Dr. J. E. Gendreau, Director of the Radium Institute, Montreal. Dr. Gendreau, who is a fluent linguist, will use both French and English throughout his address. Miss Margaret L. Moag, President of the Association of Registered Nurses of the Province of Quebec, will preside at this meeting, as-

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Montreal General Hospital
School of Nursing

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The Golden Jubilee

will be celebrated in June, 1940. The Committee on arrangements is proceeding with plans for the occasion.

Every graduate of the School is asked to send her present address (and those of any classmates known to her) to:

Miss Flora E. Strumm
Training School Office
Montreal General Hospital
Montreal, Que.

Montreal General Hospital Scholarship

The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of $300.00 to a member of the Association, to assist her in undertaking, during the Session 1939-40, any of the regular courses given in the McGill University School for Graduate Nurses, Montreal. The courses include: Teaching and Supervision in Schools of Nursing; Administration in Hospitals and Schools of Nursing; Public Health Nursing; Administration and Supervision in Public Health Nursing.

For further information, and the necessary forms, please apply to Miss Mary S. Mathewson, Montreal General Hospital. Completed applications should be returned not later than June 1, 1939.

sisted by the French Vice-President, Rév. Soeur Valérie de la Sagesse.

For the evening session, separate meetings have been arranged for French and English members to run concurrently. The French session will be presided over by Mlle Suzanne Giroux, and the programme will consist of a symposium on nursing under the title of "The nurse of to-day and of to-morrow", presented by the following speakers: Rév. Soeur Mance Décary, Director of Nursing, Hôpital Notre-Dame, Montréal, speaking on "The relationship of to-day's school of nursing to the nurse of tomorrow;" Dr. Leblond, attending physician, Hôpital de l'Enfant-Jésus, Québec, whose topic will be "The nurse in the field of public health;" Mlle Annonciade Martineau, Chairman of the Registry Committee of the Association of French Canadian Catholic Nurses, Montreal, who will speak on "The Private Duty Nurse".

Miss M. L. Moag will preside over the English session and the speakers will include Miss Elizabeth Smellie, C.B.E., R.R.C., General Superintendent, Victorian Order of Nurses for Canada and first vice-president of the Canadian Nurses Association. Her subject will be "The rôle of the public health nurse in the community"; Miss Marion Lindeburgh, B.Sc., Director, School for Graduate Nurses, McGill University, and second vice-president of the Canadian Nurses Association, will speak on "A general interpretation of the Curriculum". Miss Mabel K. Holt, superintendent of nurses, Montreal General Hospital, will speak on the application of the Curriculum from the point of view of the director of nursing, and Miss Martha A. Batson, instructor of nurses, Montreal General Hospital, will discuss the subject from the angle of the instructor. Miss Flora Aileen George, Director of the Nursing Service Bureau, Montreal will speak on "The aims and objectives of a Community Nursing Service Bureau."

For Saturday morning, June 3, a cordial invitation has been received from the Reverend Sisters of the Hôtel-Dieu de Québec to hold the session in their Hospital and to visit all sections of this historic institution which, this year, will celebrate its three hundredth anniversary.

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NEWS NOTES

ALBERTA

EDMONTON:

A meeting of the Edmonton Association of Graduate Nurses was held recently at the University Hospital. Fifty members were present and after the business meeting a pleasant social hour was spent. Three student nurses entertained with music and song; Miss Audrey Miller, A.T.C.M., and Miss Margot Ashenhurst, A.T.C.M., at the piano, and Miss Clare West with a vocal solo.

Royal Alexandra Hospital:

Miss V. Chapman, charge nurse on the Women's Medical floor, presented a short paper on Dagenan in relation to the treatment of pneumonia. Copies of the charts were shown. Miss Mary Stewart, charge nurse on the Men's Medical floor, presented a short paper on the treatment of pneumonia by serum, outlining the various types to be considered, precautions, and expense. She, too, showed charts by way of illustration.

BRITISH COLUMBIA

VICTORIA:

A refresher course of four consecutive lectures was sponsored recently by the Public Health Nurses of Greater Victoria. The two hospitals were approached and co-operated by providing the lecture rooms. In order to arouse interest, an intensive publicity campaign was carried out, full programmes were printed in the two local papers, and were posted on the bulletin boards of the Hospitals and Nursing Homes. The Registrar telephoned all private duty nurses, and the public health group contacted all other sections. The result was most gratifying, the initial interest and attendance being well sustained. The pleasure and instructive benefit derived from the lectures was voiced at the final meeting by a staff nurse and the Group was asked to consider carrying this type of programme annually. The programme was as follows: Dr. Eric Boak, "New Methods in Surgery and New Drugs;" Dr. Arthur M. Gee, "Orthopsychiatry"; Dr. Arthur Nash, "Obstetrics"; Dr. Glenn Simpson, "Physical well-being of the Child".

NELSON:

At a recent meeting of the Nelson Graduate Nurses Association, three very interesting travelogue films featuring Alaska, Banff, and Lake Louise, were shown through the courtesy of the Canadian Pacific Railway. An appeal was made for membership in the Canadian Society for the control of cancer, and the nurses were also reminded of their pledge to support the Florence Nightingale Scholarship Fund. A letter was sent to the Trail-Rossland Registered Nurses Association congratulating them on their recent successful organization.

VANCOUVER:

The March meeting of the Vancouver Graduate Nurses Association was held at St. Paul's Hospital. Miss Keeler, convener of the programme, gave an interesting ten-minute talk on the use of the new drug "Daganon" in the treatment of pneumonia. The speaker of the evening was Miss Parsons, instructor at the Provincial Mental Hospital, whose subject was "New treatments and nursing care in mental diseases".

Married: Recently, Miss Jean Johnston (Royal Columbian Hospital) to Mr. Neil McLeod.

MANITOBA

WINNIPEG:

The various nursing groups postponed their regular meetings in order to attend some of the sessions of the Sectional meeting of the American College of Surgeons which was held in Winnipeg recently. Nurses were invited to attend any of the business meetings during the convention, and many of the graduate nurses of the various Winnipeg hospitals participated in the discussion of problems which are of interest to both surgeons and nurses such as certain aspects of operating room service and increased technical responsibilities for nurses. These meetings proved of great interest and value.

BRANDON:

Brandon Graduate Nurses Association:

The Brandon Graduate Nurses Association recently held their regular monthly meeting at the General Hospital. There were thirty-two members present. The meeting was under the convenership of the Private Duty Nurses. Miss M. Parrott, the speaker, gave an account of the Summer School for Graduate Nurses, held in Winnipeg last year.

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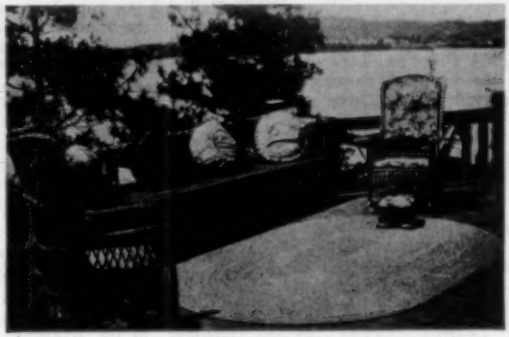

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Winnipeg General Hospital:

A general conference of the nursing staff, which members of both the surgical and medical groups attended, was held recently. Hospital problems were discussed after which Miss Eccleston of the Trans-Canada Air Lines gave a short address, her subject being "Air Line Stewardesses".

During March 29th to 31st, the American College of Surgeons held a convention in Winnipeg. Many of the conferences, lectures, and clinics held in this hospital were attended by members of the nursing staff who found them to be a source of great interest and inspiration.

At an alumnae meeting held recently, Dr. Eleanor Black addressed the members on nursing conditions in England, which was enjoyed by those present. The graduating class of 1939 were guests of the evening.

NEW BRUNSWICK

MONCTON:

The regular meeting of the Moncton Chapter of the N.B.A.R.N. was held on April 3 with the president, Miss Honeywell, in the chair. After the regular business was concluded the student nurses joined the members of the Association to hear a very interesting talk on child psychology by Miss Marjorie Hayes, head of the department of underprivileged children of the Moncton schools. Miss Hayes also exhibited interesting examples of knitting and weaving done by the girls and wood carving by the boys.

SAINT JOHN:

The regular meeting of the Saint John Local Chapter of the N.B.A.R.N. was held recently at the Saint John General Hospital, with the president, Miss Margaret Murdoch, in the chair. Following the business meeting, Miss Helen Cahill gave a short talk on the routine of the treatment of children at the Nesbitt Memorial Wing of the Saint John Tuberculosis Hospital.

ST. STEPHEN:

An interested group of nurses, staff, graduate, and student, saw the films shown recently by Dr. C. W. MacMillan in the classroom of the Chipman Memorial Hospital. These films depicted the attack and progress of the tubercle bacilli in lung tissue. Two "talkies" dealing with the diagnosis and early treatment of tuberculosis were also shown. The purchase of the machine and films was made possible by the sale of Christmas seals. The films are to be presented to schools and various other organizations in New Brunswick.

The regular meeting of the Chipman Memorial Hospital Alumnae Association was held recently and plans were made to raise funds by means of a food sale in May. After the meeting a social hour was enjoyed.

NOVA SCOTIA

HALIFAX:

The Halifax Infirmary Alumnae Association recently held a meeting with the vice-president, Miss K. McDonell,, presiding in the absence of the president, Miss Hilda Harnish. The business dealt with included an explanation of the aims of the Florence Nightingale Memorial Fund. A Nursing Service Bureau was formed, witn Mrs. G. Martin as convener. A social hour followed. The election of officers resulted as follows: President, Miss H. Harnish; vice-president, Miss M. K. McDonell; recording secretary, Miss D. MacDonald; corresponding secretary, Miss O. Jackson; treasurer, Miss M. Bayle; convener of entertainment, Mrs. L. McManus; press convener, Miss D. Gaudet.

A delightful bridge, convened by Mrs. L. McManus, was held recently. Prizes were won by Miss H. Willett, Miss L. McLeod, and Miss I. O'Reilley.

HALIFAX:

The Halifax Branch of the Registered Nurses Association of Nova Scotia, under the convenership of Miss Edith Fenton, recently conducted a very instructive and successful refresher course, the topic under discussion being "Mental Health and Disease". The course was very well attended, 148 nurses registering, of these 37 were senior students. The programme was as follows:

"Why we behave as we do," Professor Fletcher, Professor of Education, Dalhousie University; "Play for mental health", Miss Ann Smith, Play Therapist; Personality and maladjustment, Professor Fletcher; "The nervous and mental breakdown", Dr. MacKay, Superintendent of Nova Scotia Hospital for Mental Disease; "Nursing and mental hygiene", Dr. J. D. M. Griffin of Canadian National Committee for Mental Hygiene, Toronto; "The treatment of mental disease", Dr. MacKay.

We are very much indebted to our guest speaker, Dr. Griffin, who advised us regarding the preliminary plans for the course and contributed in no small measure to its success.

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C. Extension and Refresher courses. These are short courses for which no certificate is given. The following are planned for 1939-40:

1. **Mental Hygiene. October 18-21, 1939.**
2. **Hospital Administration. November 6-25, 1939.**
3. **Obstetrical Nursing. January 22-27, 1940.**
4. **Administrative Problems in Public Health Nursing Practice. May 15-18, 1940.**

For further information address:

The Secretary

School of Nursing

University of Toronto

ONTARIO

Districts 2 and 3

Guelph:

The mid-winter meeting of Districts 2 and 3, R.N.A.O., was held at the Ontario Agricultural College, Guelph, with a registration of 110 members and visitors, the chairman, Miss S. A. Campbell of Guelph presiding. Rev. J. A. O'Reilly pronounced the Invocation and extended a cordial welcome to the visitors. Dr. S. L. Valeriote conveyed the greetings of the Guelph Medical Society.

The reports of Sections and Standing Committees were very encouraging. Miss Bingeman, of Freeport Sanatorium, reported an increase in membership due to a closer check on renewals. On the recommendation of the Executive, a letter was sent to all superintendents of hospitals urging that all staff nurses be asked to become R.N.A.O. members. Miss Weicker, of Kitchener, reported an increase of seven in National Enrolment. This committee has sent letters to all Hospital Superintendents, Alumnae Associations, and Victorian Order Nurses giving information and inviting applications. Miss Little, of Freeport Sanatorium, reported continued activity in the Kitchener and Waterloo Chapter.

Miss Hackett, of Paris, convener of the Public Health Section, reports that there are fifty-two public health nurses at work in the District. Reports were sent in from various centres and to each District Meeting came news of new projects in the public health field. Simcoe reports a full generalized programme of public health teaching which included a booth at the County Fair, and teaching prevention of motor accidents. Lessons in first aid and care of the pre-school child were given to the Girl Guides. Guelph reports a successful tag day, put on by the Argos Bible Class, in aid of corrective and prophylactic dental work amongst school children. Walkerton, after only eighteen months of organized public health work, has made great strides. School work as well as bed-side nursing has been well established. The High School Board has employed doctors to make a complete medical examination of all pupils who have been two years in high school; 118 tuberculin tests were made and the Ontario Department of Health sent a technician to X-ray 32 children and 12 teachers. The Victorian Order nurse conducted an immunization campaign in which 83 percent of the pupils were vaccinated against smallpox and 93 percent were immunized against diphtheria. The rural Districts of North and South Dumfries had a dental survey made in some schools and have the promise

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of aid from the Galt Kiwanis Club. Prof. Thornton, of the Ontario Dental College, met a group of representative people in Paris to organize a dental survey which would include some rural schools in the southwest part of the township.

The nurse education section is attempting a new project this year under the convenership of Miss Hallman, of Guelph. They hope to establish a circulating library of professional books. To this end a booth was arranged and through the co-operation of various publishers, a most attractive and extensive collection of books was on display. This was arranged and presided over by Miss Hall and Miss Smallshaw, the instructors in the two Guelph Nursing Schools, and had many interested visitors.

Dr. Valeriote presented an interesting and informative paper on "Sulphanilimide", the drug which is having such marvelous results in the treatment of pneumonia. After an interval of delightful songs by Mrs. Drummond, Dr. Coutts, superintendent of the Freeport Sanatorium, gave a very instructive address on tuberculosis. An animated discussion followed, and Dr. Coutts kindly consented to answer the questions of the members who availed themselves of this opportunity to seek advice and information. At the close of the afternoon session, Miss Ferguson, president of the Guelph General Hospital Alumnae Association, invited all present to be the guests of the combined Alumnae Associations of St. Joseph's Hospital and the Guelph General Hospital at a delicious high tea. Later in the evening, Prof. A. W. Baker of the O.A.C. gave an illustrated talk on Bermuda. Some interesting health problems were disclosed by the speaker as well as a vivid picture of life on this interesting Island.

District 5

Toronto:

Toronto East General:

One of the newest activities indulged in by members of the Toronto East General and Orthopaedic Alumnae Association is a bowling league. Team captains include Miss Helen Rose, Miss Joyce Fry, Miss Mildred Bell, and Mrs. S. J. Cooper. A delightful dance was arranged recently by the social committee, Miss Florence Cleland being the convener, and our social committee is to be congratulated on the success of their bridge party which was well attended by members and their friends.

District 6

Cobourg:

A meeting of District 6 was held recently in Cobourg. Miss Collier occupied the chair, and after the business meeting, Chapter

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A Registered Nurse desires a position on the staff of a hospital, surgical service preferred. She has had one year of experience as a hospital supervisor and six years experience in private duty and is willing to go to any part of Canada.

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Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held on May 30th and 31st.

Application forms, information regarding subjects of examination and general information relating thereto may be had upon written application to:

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Parliament Buildings, Toronto

ROYAL ALEXANDRA SCHOLARSHIP

The Alumnae Association of the School of Nursing of the Royal Alexandra Hospital, Edmonton, offers a Scholarship to a graduate of this School who is in good standing in the Association. The sum of $250.00 will be provided if the applicant proposes to take a post-graduate course in a University. If the course is to be taken in a Hospital, the amount available is $150.00. Application forms may be obtained from the Scholarship Committee at the Royal Alexandra Hospital, Edmonton, Alta. Applications will be received until June 1, 1939.

B took charge of the programme. Mr. Fleming gave a dramatized reading which was much enjoyed. Dr. Doyle, who attended the Coronation of King George and Queen Elizabeth, showed very interesting motion pictures, after which a social hour was much enjoyed.

A meeting of Chapter A, District 6, R.N.A.O., was held recently at the Belleville General Hospital. Miss Bertram was in the chair and Dr. Locke, of Belleville, gave an interesting and instructive talk on diseases of the eye. A number of student nurses attended the lecture.

A meeting of Chapter C, District 6, R.N.A.O., was held recently in St. Joseph's Hospital, Peterborough. Mrs. Rundle occupied the chair and a discussion took place concerning our form of meetings and topics. It was moved by Mrs. Leeson and seconded by Miss Greer that a suggestion box be brought to the next meeting and each member have the privilege of dropping suggestions into the box. The Rev. Dr. Grant, who has recently returned from Rome, took us on a delightful imaginary tour through the Vatican and told of its history. At the close of the meeting, tea was served.

District 7

KINGSTON:

The regular meeting of District 7, R.N.A.O., was held recently. After the usual business routine, Mr. E. I. Smit, superintendent of the Children's Aid Society, gave an interesting address on "Social Work To-day". He outlined the progress made in the past fifty years which have produced the methods in use to-day. By special request, he gave an account of some of his work in the local Children's Aid. Miss Evelyn Dempsey of Brockville was chosen to represent the district at the annual meeting of the R.N.A.O. in Toronto. After the meeting a delightful high tea was served, the Reverend Sisters of the Hotel Dieu being the hostesses.

Kingston General Hospital:

The Alumnae Association of the School of Nursing of the Kingston General Hospital entertained at a delightful informal dance and bridge at which they entertained the graduate nurses and their friends and the staff doctors and their wives. The patronesses were Mrs. H. H. Hines, president of the Alumnae, Mrs. Sam Campbell, and Miss A. Baillie.

Married: On March 21, 1939, Miss Harriett Cameron (K.G.H., 1928) to Mr. Arthur Lloyd Cameron.

Hotel Dieu Hospital:

The Alumnae Association of the School of Nursing of the Hotel Dieu Hospital recently held a successful bridge and dance. The guests were received by Mrs. H. Lawlor and Mrs. B. M. Koster. Fifty dollars of the receipts were donated to the Athletic Club of the School of Nursing.

The students of Hotel Dieu Hospital School of Nursing have organized a Literary Club which publishes a monthly paper called "The Bulletin". This contains reports on the Glee Club, the Athletic Club, the activities of the School and the Sodality as well as news items.

District 8

Ottawa:

The annual dinner of St. Luke's Nurses' Alumnae Association, honouring Miss Emily Maxwell, O.B.E., former Lady Superintendent of St. Luke's Hospital, was held recently in Ottawa. Many out-of-town graduates were present.

Miss Doris Thompson (St. Luke's Hospital, 1920) has recently resigned her position with Dr. Lyman, and is now engaged by The Royal College of Physicians and Surgeons of Canada in their new office in The National Research Laboratories Building in Ottawa.

District 10

Fort William:

A regular meeting of District 10, R.N.A.O., held in the McKellar General Hospital, took the form of a public health session. The speakers were Miss A. Bailley, superintendent of nurses, the Ontario Hospital, who spoke on mental hygiene; Mrs. C. Kincaid, city welfare nurse, who spoke on child welfare; Miss H. Watkinson, who spoke on school nursing. Miss A. McPhee and Miss G. Young put on an amusing skit entitled "A pre-natal visit".

McKellar General Hospital:

At a recent meeting of the Alumnae Association with Miss J. Hogarth presiding, an interesting talk on a trip to England and Europe was given by Miss Riddell, instructress. Community singing was enjoyed, led by Miss M. Walberg. The average attendance at our meetings is about forty.

The Alumnae Association recently held a successful bridge; a hand-made quilt and a bed lamp were raffled. The vice-president, Miss W. Ballantyne, the superintendent, Miss M. McMillan, and Miss M. Wallace, assistant superintendent, received the guests. Approximately $100. was realized.

Married: Recently, Miss Margaret E. Robinson (McKellar General Hospital, 1930) to Mr. Kenneth Parkenson.

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QUEBEC

MONTREAL:

As announced in the February issue of the *Journal*, the Public Health Section of the A.R.N.P.Q. recently sponsored a series of lectures open to teachers as well as nurses. These were well attended and proved to be very stimulating. Col. Wilfrid Bovey, president of the Canadian Association for Adult Education, stressed the need of adult education, and pointed out that there are approximately forty million people in Canada and the United States who have not had a satisfactory education and yet by their votes decide whether we shall have peace or war and otherwise influence the government of our country. Although some educationalists believe that the ability to learn progresses backwards as one grows older, it has been proved that the ability to learn declines only slightly even at fifty years of age. Colonel Bovey said that everyone is capable of learning and that better results are achieved when responsibility is taken. He concluded with the remark: "We cannot all be rich, but we can all be happy, since happiness comes not from the material but the intellectual". Miss Lyra Taylor, Associate General Secretary of the Y.W.C.A., painted a picture of "Social Work in Action" and pointed out that school work can be grouped as three types: (1) social case work — by "case" is meant the individual, and this method of work is done to develop the individual; (2) social group work — such as the Griffintown Club or the University Settlement, where several supervised activities are carried on. This influences the whole social fabric; (3) community organization; this finds out the needs of the community and attempts to plan so that there will be no overlapping. Miss Taylor stressed the fact that all social workers must be trained, that they should have a wholesome outlook on their work, using every effort to refrain from the mechanical. Much importance should be given to the social worker's manner and tactfulness, since investigations can be made pleasant or unpleasant, depending a great deal on the worker.

Mr. G. B. Clarke, General Secretary, Family Welfare Association, gave a delightful talk on "The Strengths of Family Life". Mr. Clarke felt that there are at least seven definite strengths in family life which are as follows: (1) strong affection between all members; (2) sense of security with respect to food, shelter, and clothing. If justice, sympathy, freedom, order, and continuity are taken into consideration, it enables parents to handle children in a judicious manner. Too often adults forget that children are individuals; (3) sharing of pleasures and successes in school, in sports,

etc.; (4) unselfish attitudes; (5) hopeful and unified aims — everyone working in unity towards the same end; (6) fortitude, resolution, and bravery in trying and difficult circumstances; (7) full utilization of opportunities. Mr. Clarke concluded by saying that happiness in a family makes towards creating happiness in a community. "Happiness is not the end of life — character is" — do you agree with this statement?

Royal Victoria Hospital:

Mrs. G. Bauld and Mrs. R. C. Fetherstonhaugh were joint conveners of a very successful tea and bridge recently held at the Nurses Home. The proceeds will be used for the Special Benefit Fund of the Alumnae Association.

Miss K. Hill (R.V.H., 1922) has been appointed superintendent of the Colchester County Hospital, Truro, N. S.

Miss Lucille Garner (R.V.H., 1935) has been appointed chief stewardess of the Trans-Canada Airways.

Miss Madge MacLaughlin (R.V.H., 1938) has been appointed to the department of hydrotherapy to replace Miss M. Fenwick who has resigned.

Miss Mildred Howlett (R.V.H., 1936) has resigned from the staff of the Neurological Institute, and is replaced by Miss I. Dickson (R.V.H., 1936).

Married: Recently, Miss Joyce W. Atherton (R.V.H., 1937) to Dr. E. H. Anderson.

Married: Recently, Miss Doris L. Miller (R.V.H., 1932) to Mr. L. W. Roberts.

Homoeopathic Hospital:

Miss Ethel Stephens left recently to do private duty nursing in Bermuda.

QUEBEC CITY:

Jeffery Hale's Hospital:

Miss J. Andrews (J.H.H., 1939) is taking a post-graduate course in ward supervision at the Montreal General Hospital. Miss Davis (J.H.H., 1939) is taking a course in post-graduate work at the Alexandra Hospital. Miss Buck (J.H.H., 1939) has accepted a position on the staff of the Children's Memorial Hospital. Miss P. Rand has resigned from the X-ray Department and has been replaced by Miss Fife (J.H.H., 1936).

SHERBROOKE:

At a recent meeting of the Sherbrooke Hospital Alumnae Association, increased rates for nineteen-hour duty were put into effect.

A very successful fashion show and tea was held recently under the auspices of the Sherbrooke Hospital Alumnae Association. Guests were received by the president, Mrs. G. Sangster.

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The other day . . . we dined at a hospital . . . in the company . . . of the student nurses . . . Not a party . . . just the usual meal . . . yet the soup was hot . . . and the meat was tender . . . perhaps the baked potato . . . had lingered a little too long . . . in the steam table . . . but the stewed rhubarb was pink and cool . . . and lent a touch of Spring . . . to a pleasant repast . . . All this set us thinking . . . about the far-off days . . . when we were in training . . . We were badly housed . . . and poorly fed . . . and always over-worked . . . because at that time . . . physical hardship was considered indispensable . . . to the moral welfare . . . of student nurses . . . Once a week . . . there used to be a horrid suet pudding . . . dotted with blackish raisins . . . and known as "Spotted Dog" . . . On Sunday evenings . . . the inevitable cold ham and clammy potato salad . . . were invariably accompanied by stewed dried peaches . . . swollen to the size of small turnips . . . and rejoicing in the name of "fuzz" . . . We still remember . . . the midnight meal . . . provided for the poor wretches on night duty . . . which came rattling up . . . in the dumb waiter . . . laid out on an uninviting tin plate . . . a withered raw lamb chop . . .flanked by two cold boiled potatoes . . . Once in awhile . . . there would be a saucer of canned salmon . . . that could be made edible . . . by surreptitiously creaming it . . . though this or any other nourishment . . . had to be gulped down . . . in the intervals of answering bells . . . However the unquenchable spirit and appetite of youth . . . kept us going . . . there was plenty of milk . . . an occasional egg . . . and a bowl of leftover canned tomatoes . . . out of which a gorgeous Spanish omelette . . . could be concocted . . . Always at four o'clock in the morning . . . a heavenly smell . . . would issue from the ward kitchens . . . on every floor . . . milk coffee was in the making . . . to be sipped out of a thick cup . . . scalding hot . . . while in the other hand . . . a sizzling piece of toast . . . fairly dripped with butter . . . The trouble was . . . that the aroma of coffee . . . attracted the prowling house surgeon . . . returning from an emergency operation . . . or the case room . . . who would gaze wistfully . . . through the crack of the door . . . and in defiance of all rules and regulations . . . demand to be fed . . . It was quite useless . . . to appeal to his manly chivalry . . . by pointing out . . . that provender was legally available . . . in his own quarters . . .and that your late leave would be cancelled . . . while he would go scot free . . . Between bites . . . he would assure you . . . that the night supervisor was busy in Ward K . . . then having drained the coffee pot . . . and eaten your slice of toast . . . he would take himself off . . . only a split second . . . before that dignitary . . . arrived on the scene . . . to take your report . . . E. J.

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